METRIC MONITORING TEMPLATE

San Antonio Uniformed Services Health Education Consortium

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SAUSHEC Annual GME Metric Report
XXXXX Program
Date of Report XX XXXX 200X

Section on Past Performance of the Program

[For each metric delete all but the color that applies; Comments are required for all Amber and Red metrics & must succinctly outline the problem/issue and must indicate whether you are working with your department/squadron/group to correct the problem/concern and whether success is expected at that level in a timely fashion.]

1] RRC Accreditation Status & Internal Review Issues
Green Accredited >3 years no Citations
Amber Accredited < 3 years &/or citations that must be answered
Red on probation
(Delete all but the one that applies to your program – give comments if Amber or Red)

Other required comments:
A] My most recent RRC review was in XX(month) of XXXX (year) and resulted in X years accreditation.
My next RRC is scheduled for XX(month) of XXXX (year)
I have (had)/do not have major citations that must be answered prior to the next inspection
If you have/had citations briefly comment on what they are and if you have already responded to the RRC what was your response & the RRC's response.
B] Select one of the following:
I have done an internal review on XX (month) of XXXX (year) which is midway between my RRC visits.
I had no major findings to correct or I had the following issues to correct and a progress report is due to the GMEC on XX or XXXX.
I am scheduled for an internal review on XX(month) of XXXX (year) which is midway between RRC visits
I need to get an internal review scheduled in (give the date that is midpoint between your RRC reviews)

2] Board Pass Rate per 3 years
First time Board Pass rate, averaged over most recent 3 year period ___ (estimate with best possible data)
(Delete all but the one that applies to your program – give comments if Amber or Red)
Green ≥ 90% Amber = 75% - 89% Red < 75%

3] Residency Fill Rate
I filled____% of my authorized (by the JSGMESB not the RRC) residency training slots last July
(Delete all but the one that applies to your program – give comments if Amber or Red)
Green ≥ 90% Amber = 75% - 89% Red < 75%

4] Percent On-time Graduation
____% of residents who started the program X years ago (where X = the length of training for your specialty) and would be in their final year now are expected to finish the program on time this academic year.
(Delete all but the one that applies to your program – give comments if Amber or Red)
Green ≥ 90% Amber = 75% - 89% Red < 75%

5] % Of Training Accomplished in DOD Facilities*
Review your projected rotation schedules for the coming AY.
(Delete all but the one that applies to your program – give comments if Amber or Red)
Red = <50% training done at DOD facilities
Amber = 50-70% done at DOD facilities
Green = >70% done at DOD facilities
*Does not apply to programs integrated with the University of Texas

6] Faculty Staffing
PD estimation of quality, quantity and mix of teaching staff
(Delete all but the one that applies to your program – give comments if Amber or Red)
Green = no problems to report; meets all RRC requirements
Amber = Met RRC requirements at last inspection but may not meet them now or in near future if current trends continue
Red = Major problem that immediately threatens RRC compliance

7] Nursing Staff Support
PD estimated needs to support adequate caseloads for training
(Delete all but the one that applies to your program – give comments if Amber or Red)
Green = no problems to report; meets all RRC requirements
Amber = Met RRC requirements at last inspection but may not meet them now or in near future if current trends continue
Red = Major problem that immediately threatens RRC compliance

8] Technician & other support staff
PD estimated needs to support GME mission
(Includes medical technicians and administrative staff supports – problems MUST be detailed with #'s)
(Delete all but the one that applies to your program – give comments if Amber or Red)
Green = no problems to report; meets all RRC requirements
Amber = Met RRC requirements at last inspection but may not meet them now or in near future if current trends continue
Red = Major problem that immediately threatens RRC compliance

9] Caseloads
Estimated by PD according to RRC requirements or other documented standards
(Delete all but the one that applies to your program – give comments if Amber or Red)
Green = no problems to report; meets all RRC requirements
Amber = Met RRC requirements at last inspection but may not meet them now or in near future if current trends continue
Red = Major problem that immediately threatens RRC approval

10] Equipment, Supplies and Space
Estimated by PD according to RRC requirements or other documented standards. Includes library, facilities, office space, call rooms, equipment, training tools, AV equipment, computers …
(Delete all but the one that applies to your program – give comments if Amber or Red)
Green = no problems to report; meets all RRC requirements
Amber = Met RRC requirements at last inspection but may not meet them now or in near future if current trends continue
Red = Major problem that immediately threatens RRC approval

11] Budget
(Delete all but the one that applies to your program – give comments if Amber or Red)
Green = no problems to report; budget is adequate to meet all RRC, DoD, JCAHO etc. requirements
Amber = Met RRC requirements at last inspection but may not meet them now or in near future if current trends continue
Red = Budgetary problems to the degree program unable to meet RRC, DoD, JCAHO etc. requirements

*** Educational Curriculum (question 2 in table) must include ACGME requirements that a resident's curriculum provides**: Curriculum must be competency based and include/ensure: instruction in quality-assurance/performance improvement, a regular review of ethical, socioeconomic, medical/legal, and cost-containment issues that affect GME and medical practice; an appropriate introduction to communication skills and an appropriate introduction to research design, statistics, and critical review of the literature necessary for acquiring skills for lifelong learning; ensures appropriate resident participation in departmental scholarly activity, as set forth in the applicable Program Requirements; ensures autopsies are performed whenever possible and that residents attend the autopsy and/or receive the results of the autopsy to provide an educational experience and to enhance the quality of patient care; ensures that all deaths and sentinel events are reviewed with residents who cared for the patients and used as teaching moments

[Delete all colors but the one that applies to your program – give comments if Amber or Red that outline which administrative issues is/are not currently being met & action being taken to come into compliance & time line for coming into compliance]

Green = no problems to report; meets all of the above requirements
Amber = Meets all but one to four of the above requirements and will meet them all in the next 4 months
Red = Does not meet 5 or more of the above requirements and/or will not be able to be in full compliance with all requirements in four months or less

Section on Current GME Status in relation to resources needed for program to be in substantial compliance with all its requirements

This section is to determine if you currently have the resources required to keep your program in **substantial compliance** (not perfect) with the Institutional requirements, Common Program requirements and RRC Specific requirements of the ACGME and your programs RRC.

[For each metric, delete all colors except the one that applies; Comments are required for all Amber and Red metrics & must succinctly outline the problem/issue and must indicate whether you are working with your department/squadron/group to correct the problem/concern and whether success is expected at that level in a timely fashion. Also specify at which hospital the problems exist i.e. at SAUSHCEC hospitals (BAMC/WHMC) or outside training sites.]

Section on Annual Report issues and monitoring outside rotations

13] Annual Report to Organized Medical Staff and Governing Bodies of SAUSHEC and Major Participating Hospitals; Monitoring outside rotations

SAUSHEC must monitor outside rotations and present an annual report to the Governing Bodies and Organized Medical Staff of each Hospital where SAUSHEC residents train for a sufficient amount of time to qualify that hospital as a Major Participating Hospital as defined by the ACGME. Report must address following issues for the past academic year (choose the correct answer in the following sections and delete the other):

A. Rotations at SAUSHEC Hospitals (BAMC/WHMC) for the academic year XXXX-XXXX

Resident responsibilities in BAMC/WHMC rotations
Nothing to report- Resident responsibilities are clearly defined & understood by the residents and the OMS of BAMC/WHMC & there have not been any issues in the past year
or
The following Resident Responsibility issues have been identified in the past year on BAMC/WHMC rotations:

Resident supervision in BAMC/WHMC rotations
Nothing to report- Resident supervision is clearly defined & understood by the residents and the OMS of BAMC/WHMC & there have not been any issues in the past year
or
The following Resident Supervision issues have been identified in the past year on BAMC/WHMC rotations:

Resident evaluations in BAMC/WHMC rotations

Nothing to report- Resident Evaluation system is clearly defined & understood by the residents and the OMS of BAMC/WHMC & there have not been any issues in the past year
or
The following Resident Evaluation issues have been identified in the past year on BAMC/WHMC rotations:

Compliance with duty-hour standards in BAMC/WHMC rotations

Nothing to report- The SAUSHEC Resident Duty Hour Policy is understood by the residents and the OMS of BAMC/WHMC & there have not any compliance issues with the policy in the past year
or
The following Resident Duty Hour issues have been identified in the past year on BAMC/WHMC rotations:

Patient Safety issues in patients cared for by residents during BAMC/WHMC rotations

Nothing to report- There has not been any patient safety issues in BAMC/WHMC patients cared for by my residents in the past year
or
The following Patient Safety issues have been identified in the past year on BAMC/WHMC rotations:

B. Repeat for Major Hospitals and outside rotations for the academic year XXXX-XXXX

14] Bragging Points
Give at least 2 but no more than 5 significant bragging bullets about your programs or residents accomplishments in the past year (high board pass rate, high intraining exam scores, research accomplishments, implementing best practice in competency evaluation, successful RRC review etc)

15] Miscellaneous:
Add any additional information you wish to give here, to be considered for presentation to the Board of Directors.

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Section on compliance with GME Administrative Requirements

12] Compliance with ACGME, JCAHO, DOD & SAUSHEC requirements (complete table with explanation/plan for 2, 3, 10 any requirements not being met)

Requirement	Meets (yes/no); If no, then fill out next column	Explanation/Plan
1] Has an appropriate GME structure in place with an Associate PD, training committee and a staff mentor for each trainee		
2] Has appropriate (see below*) educational Goals & Objectives & educational curriculum that is updated annually and is based on the ACGME General Competencies as required by its RRC		**Comments required on whether or not ACGME six Core Competencies have been integrated into curriculum & PD must update the Competency/Evaluation Spread Sheet**
3] Has, in writing a system to assess resident's performance relative to the programs educational Competency based goals & objectives & that is used to determine if residents are competent to graduate, be promoted to next level of residency or need remediation. Assessment process is in compliance with ACGME's outcomes project for assessment of the General Competencies		**Comments required on whether or not ACGME outcome evaluation tools are being used to evaluate each of the six Core Competencies & PD must update the Competency/Evaluation Spread Sheet**
4] Has a written resident supervision policy that includes a job description by year of what each resident is competent to do with regards to patient care as required by JCAHO & ACGME		
5] The G&O, curriculum, resident job descriptions, evaluation & supervision policies are distributed to & used by the faculty & trainees		
6] Has a Military Unique Curriculum (MUC) that meets DOD requirements		
7] Has established & maintains oversight of residents doing away rotations & has liaison with appropriate personnel of other institutions participating in the training of their residents (current MOU & Program Letter of Agreement)		
8] Does annual evaluation of program (with trainee involvement) & uses results to improve program		
9] Does annual, anonymous evaluation of faculty by the trainees & uses results to improve the program		
10] Has Duty Hour Policy in compliance with ACGME/RRC Duty hour requirements, monitors trainee duty hours & working conditions & does Fatigue Education of faculty & HS		**Comments required on duty hours policy, monitoring of duty hours, duty hour issues & fatigue education**
11] Is in compliance with SAUSHEC policies (Resident Grievances, Due Process, Resident Supervision etc); has annual orientation process in place where SAUSHEC policies are disseminated to faculty & trainees & a system to distribute updates to policies throughout the year		
12] Have done, or scheduled, for an Internal Review midway between RRC inspections		